

Case Study 1: *Auto-Support et reduction des risques parmi les Usagers de Drogues* (ASUD) – Organising people who use drugs in France

In some ways the paradoxical evolution of *Auto-Support et reduction des risques parmi les Usagers de Drogues* (ASUD), can be summarised by the transformation of the name of their annual general meeting, the EGUS, from 'État généraux des usagers de substitution', to 'État généraux des usagers des substances'. This implies a movement from an organisation focused on the treatment system to one more broadly concerned with the issues facing illicit drug users, the real story is far more complex. It would perhaps be more accurate to say that, from an activist network of active drug users, ASUD has transformed itself into being France's official representative body for the country's users of opioid substitution programmes. At the same time, its trajectory is representative of a double pattern discernible amongst organisations for people who use drugs. Whilst on the one hand, on the international scale the strength and sophistication of such organisation has been on an upward spiral since the launch in 2006 of the Vancouver Declaration¹, culminating in the current buoyant state of INPUD, On the other hand, in Europe, historical organisations such as ASUD have been on a downward spiral in terms of membership and levels of activity, although paradoxically, the same cannot be said for its ability to participate in and, influence the tenor of the discourse around drug policy in France, an ability which, as we will see, is still strongly used. As we will see, paradoxes abound in the story of ASUD thus far.

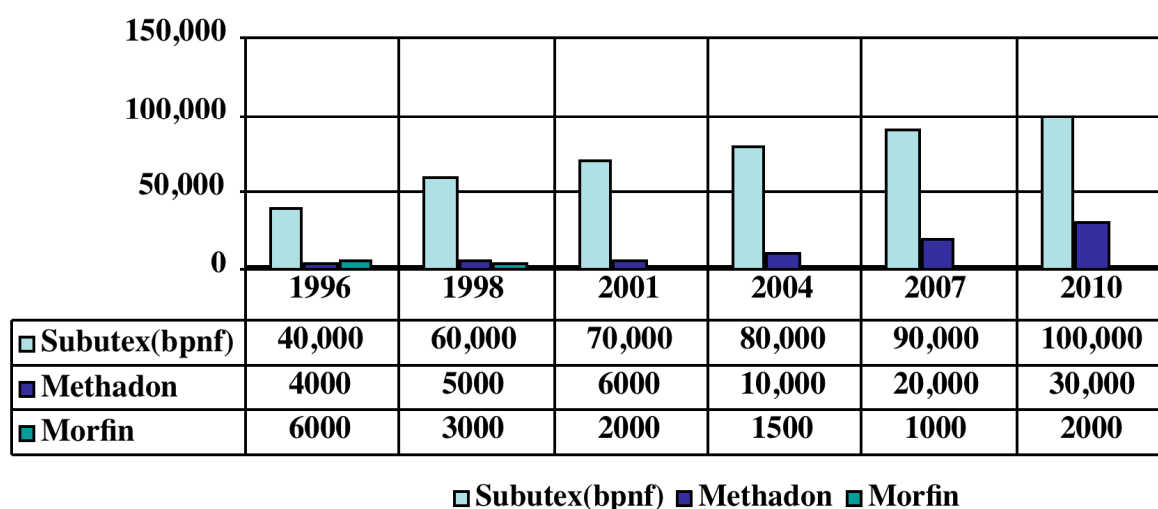
ASUD was started in 1992 at the highpoint of the AIDS epidemic in France, and indeed it was as an anti-AIDS group for intravenous drug users that the organisation was founded, this against a backdrop where prevalence amongst French intravenous drug users was amongst the highest in Europe;. The epidemic was fed by a climate in which harm reduction was officially scorned upon, indeed it wasn't until 1987 that the law was passed enabling drug users to buy syringes from pharmacies, this was of course a very welcome innovation, however by this point the community was already heavily effected with prevalence rates of up to 40% in Paris. A further indication of how resistant to harm reduction France was lies in the astonishing fact that in 1992 only forty people in France were enrolled in opioid substitution programmes.

At this time those services that were available to drug users were strongly against the harm reduction approach, and that included an aversion to prescribing opioid substitutes, as such all

¹ <http://www.talkingdrugs.org/vancouver-declaration>

that was on offer was psychoanalysis, detoxification and therapy leading to the retardation of the provision of HR services in France. A major reason for this hostility was the baleful influence of Claude Olievenstein (widely known as “le psy des toxicos” or “the junkies’ shrink”) over the French treatment system as it was. Olievenstein was perhaps the first French psychiatrist to take an interest in treating drug users. However, he was strongly influenced by the anti-psychiatry movement, and as such was vehemently opposed to the use of any drugs - in particular methadone, his hostility to which was later manifested in the singular French situation in which the number of those prescribed methadone was far surpassed by those prescribed Temgesic, and then Subutex - and his approach remained strictly psychoanalytic. Olievenstein was also vocal in his opposition to the provision of free syringes. His opposition to substitute prescribing was so acute that he denounced doctors who did prescribe as “des dealers en blouse blanche” (“dealers in white coats” – yes, the phrase is his)².

Fig. 1 Substitution treatment in France (1996-2010) source *Observatoire Français des Drogues et Toxicomanies*³



As a result of the atmosphere prevailing in the ‘treatment’ system, the earliest French HR activists were primarily AIDS activists, doctors, and sociologists (such as Anne Coppel who is

² http://www.lexpress.fr/actualite/sciences/sante/claude-olievenstein-l-homme-qui-a-change-l-approche-de-la-toxicomanie_726425.html

³ Borrowed from Fabrice Olivet, ‘ASUD – 18 Years Experienced’.

still a prominent supporter and ally of ASUD). All of them professionals united by their antipathy to the professional drugs field, and their support for substitution, harm reduction, peer support and the fight against HIV/AIDS.

For a group with such a deeply engrained ideological commitment to active drug user participation, it is perhaps ironic that the seed for ASUD was not planted by people who actively used drugs, but by Abdullah Toufik, a harm reduction activist and sociologist. Toufik had been to the *International Conference on the Reduction of Drug Related Harm* in Rotterdam and impressed by such pioneering drug user activists as Werner Hermann and John Mordaunt, Nico Adriaans and other members of the Dutch JunkieBonds, wanted to initiate a similar project in France. One comment that particularly struck him was John Mordaunt's often quoted dictum that the "war on drugs is a war on drug users". Hearing this, Toufik realized that not being an active drug user himself, he couldn't in good conscience start a group for and by a group to which he did not belong. Nevertheless, he knew that he had to do something. Upon his return to France he had a series of meetings with a number of activist drug users, referred to him by maverick doctors who were prescribing morphine (hence the strong legacy of oral morphine prescription in France) and Temgesic to heroin users.

One crucial contact made by Toufik was with Gilles Charpy, a heroin user and former journalist from a prominent political family, and his wife Phuong, together they discussed the establishment of an organisation of users being prescribed in this way. The doctors involved were strongly supportive of such a development. The outcome of these discussions was the foundation in 1993 of *Limiter la casse* – the first French harm reduction organisation. Its first major success was a meeting with Simone Weil, at the time Mitterand's Health Minister, the upshot of which was the authorization of the prescribing of Methadone and the opening of needle exchanges in 1993-4. *Limiter la casse* was the organisation in which the first wave of ASUD activists cut their activist teeth. Charpy wanted to create a magazine by users for users promoting safer injecting techniques with an eye to reducing the risk of contracting AIDS. He produced two issues of the journal along these lines but already ideological tensions were apparent.

However tensions within *Limiter la casse* were developing and soon became explosive; taking the contents of the two issues of the magazine produced by Charpy as their starting point, a group of activists including Olivet, Etienne Matter, and Jean-René Dard challenged Charpy for leadership on the grounds that he wasn't political enough and that the group was becoming a

support group for patients, and was limiting itself to focusing on safe injection techniques, with no politics or human rights discourse – this challenge led to the reinvigoration of ASUD as an organisation, with a constitution, which enabled it to apply for its own money, and the acquisition of an office. The new group was fired by the conviction that human rights and the end of prohibition had to be its priorities. The journal, which now bore the strapline “le journal des drogués heureux” (the magazine for happy drug users) was to be the organisation’s vehicle and its production, its principal activity. The strapline was a direct attack on Olievenstein’s 1977 statement “il n’y a pas de drogués heureux”⁴ (there are no happy drug users), later used as the title of one of his books.

The group of *Limiter la casse* activists who would go on to found ASUD included Fabrice Olivet, the first president of *Limiter la casse*, were preoccupied with prohibition, and in particular the notorious *Loi de 1970*, which instituted prohibition in France and allowed for a prison sentence of one year simply for use, a law which according to Olivet, “almost broke my life”⁵, as he was HIV+, having become infected prior to the legalization of buying syringes from pharmacists. This group wanted a drug user led alliance with doctors, gay AIDS activists, and the other harm reduction activists.

The late ‘90s saw ASUD achieve its highpoint - the magazine was being distributed nationally, and its popularity amongst active drug users led to the spontaneous and autonomous formation of local groups, resulting in what was at its high point a network of twenty-six groups all over France. Most of which were highly active, strongly led and well funded. On the international level this coincided with the *11th International Conference on the Reduction of Drug Related Harm* in Jersey in 2000 which was preceded by “the International Drug User Conference, which was one of the largest meetings of people who used drugs yet held. Further progress was made on international networking but, learning from past mistakes, an international network was not launched, with priority being given instead to the development”⁶ of National networks, of which ASUD was a leading example.

⁴ Cited at http://www.lexpress.fr/actualite/sciences/sante/claude-olievenstein-l-homme-qui-a-change-l-approche-de-la-toxicomanie_726425.html

⁵ Personal conversation between ERA and FO.

⁶ Albert, E. R., and Jude Byrne, ‘Coexisting or Conjoined: The growth of the International drug users movement through participation with IHRA Conferences’, *International Journal of Drug Policy* 21 (2010) 110–111.

A further highlight was fomented by the coming of the International Conference on the Reduction of Drug Related Harm to Paris in 1997 for which ASUD published a manifesto “I am a drug user”, and organised a well-attended satellite session which brought together an important group of influential international activists. These activities were advertised by a logo in which the Eiffel Tower was transformed into a giant syringe - a powerful image that would characterise ASUD’s later distinctive graphic style.

ASUD was buoyed up during the 1990s by a change in the official approach to drugs taken by the Lionel Jospin government, which gave an official imprimatur to harm reduction, this approach was sanctioned by the head of the MILDT (the ‘Interdepartmental Mission for the fight against drugs and drug addiction’, the government agency responsible for coordinating the French approach to treatment) Nicole Maestracci, who was strongly committed to harm reduction. This positive environment was short-lived and suffered a double blow. On the one hand, the discourse in the drugs field started to change from one oriented towards harm reduction to one dominated by a medical model. This was cemented by the transfer of political power from Jospin to the right-wing Jacques Chirac.

Olivet observed that prior to the institutionalisation of medicalisation, “harm reduction had been strongly tied to human rights, the right to use drugs, anti-prohibition, discrimination, and marginalization – the discourse was strongly politicised”⁷. However, doctors based in the large hospitals, and university based professors began to understand that with thousands of people on substitution treatment there was potential for them to stamp their professional imprint on the field, and to wield disciplinary power..

With Chirac’s election, the discourse in the drugs field shifted from one in which harm reduction reigned dominant to one in which “addictology became the buzzword”⁸. As part of this transformation, the key organisations in the field changed their names, for example SOS-Drogues became SOS-Addiction, ANIT (Association National des Intervenants en Toxicomanie⁹) became ANITEA (Association National des Intervenants en Toxicomanie et Addiction), and still later, Federation Addiction. Newly appointed professors of Addictology, who were primarily psychiatrists with a background in alcohol, saw the chance for the strong regimentation of the field of substitution

⁷ Personal conversation between ERA and FO.

⁸ Ibid.

⁹ The National Association for Drugs Workers.

treatment. In this new discourse, the subject position of the active drug user (the happy drug user) ceased to be politically acceptable and it was rapidly replaced with a construction of the drug user as a patient needing treatment. Along with this came the erasure of the legitimacy of political drug user activism, because in this new discursive formation you were either a patient or a criminal and patients had no need of ASUD. This change was symbolized when in 2007, Didier Jayle, head of the MILDT told Olivet that he could no longer justify funding a magazine that had the strapline “le journal des drogués heureux” – the slogan was dropped.

Under this atmosphere, ASUD has undergone a massive contraction, with the widespread collapse of local groups all across the country. At the time of writing, only four local groups remain, but they are pale shadows of the vibrant, activist groups of the ‘90s.

In order to survive in this new environment ASUD was forced, successfully it turns out, to try to become the national voice for substitution patients. Whilst this hasn’t brought in a new wave of activists it has enabled the organisation to keep its funding. Paradoxically though, there has been no change in the content or editorial line of the magazine – it is still highly political, and continues the fight against prohibition and marginalisation. The magazine is the lifeblood of the organisation and still come out four times per year, each issue being in a run of 15 000, distributed nationally through treatment sites, needle exchanges, and other harm reduction centres. Olivet sees the magazine’s mission as bringing “culture to drug users even if they don’t want it”. Equally important is the imperative of forging a new identity and subject position for drug users beyond the dichotomy of patient/victim or delinquent/criminal. A further consequence of this change, Olivet argues, has been that ASUD no longer has any natural allies “doctors want to keep people patients, cops want to keep them as delinquents”¹⁰.

The current situation

Whilst, in keeping with ASUD’s paradoxical position within French society and drug policy discourse, most of its funds come from the Ministry of Health, it also receives an important part of its finances comes from its relationship with Reckitt-Benckiser, who have been since 2010 the holders of the French license to provide buprenorphine, having bought it from Shering-Plough. As has been noted previously, buprenorphine is the primary treatment modality for French

¹⁰ Personal conversation between ERA and FO.

heroin users (120 000 out of the 150 000 currently enrolled on substitution programmes). Unlike methadone which is only available from specialist clinics, under onerous requirements, and usually only after a substantial wait, buprenorphine can be prescribed by any doctor in France, usually one month's provision at a time, and with no waiting list. When Shearing-Plough held the license ASUD had a similar relationship with them, a fruitful relationship, although one that always sat within certain limits, primarily dictated by Shearing-Plough's refusal to appear to be a provider of 'drugs'. The latter perception was built up by the fact that a substantial black market has built up for buprenorphine, replacing heroin in many areas, according to Olivet. One of the major fruits of the relationship was the production of a booklet on the rights of treatment users, the 'Manuel des usagers de traitement de substitution aux opiacés', printed by ASUD in 2005 with Shearing-Plough financing. Similarly with Shearing-Plough's financial support, ASUD wrote, published and distributed a large range of harm reduction materials, ranging from safe injecting techniques, to Hepatitis, the only such literature available in France.

The collaboration started in 2002-3, and was initiated by Shearing-Plough – who understood that gaining access to users was the key to successfully rolling out the treatment programme (contrary to normal model of pharmaceutical marketing which is aimed at doctors), having realized this, it became clear to them that the only way of gaining access to the using community was going to be by forming a relationship with ASUD. In 2010 Shearing-Plough sold the copyright to Reckitt who held it globally apart from in France, and ASUD then went into collaboration with them on the 'My treatment, my choice' programme. As Olivet sees it this whole part of ASUD's work is totally disconnected from their real focus on anti-prohibition, nonetheless the relationship a necessary one as it allows ASUD to speak to the large bulk of the using community.

In an audacious move, ASUD launched a model consumption room in their offices during summer 2009 with a view to raising the profile of the issue in the French context – for years the drugs issue had been solely posed in terms of medicalisations and addictology. ASUD were keen to re-frame the issue as one of human rights, discrimination and politics. The room received widespread media coverage, and ignited a major public debate which culminated in a motion advocating their construction being passed by the Paris municipal council, subsequent to which the Socialist Party made a commitment to initiate consumption rooms in France should they win the next general election. Drugs have remained prominent in the French media over the Summer prompted by Stephan Gattignan's book *En finir avec les dealers* (Grasset, 2011) in which Gattignan, Mayor of the small town of Sevran, called for an end to prohibition, specifically for legalization

of cannabis and decriminalization of 'hard' drugs. His argument was posed in terms of "caring for sick people and doing away with dealers" and improving public security and neighbourhood safety. At almost the same time Daniel Vaillant, a former Minister of Police, published a report arguing that legal regulation of cannabis was needed to prevent young people being forced into the hands of dealers and that it is impossible to reduce consumption with prohibition; he backed this up by arguing that since the introduction of the repressive laws of 1970 the number of cannabis users had exploded, proving that prohibition has failed and that "the status quo on drugs is untenable"¹¹. His report advocated public production of cannabis. Like Gattignan, Vaillant's major concern was with public order and getting young people away from organised crime. ASUD, being firmly committed to the end of prohibition, symbolized by the repressive law of 1970,, argued that the two debates made the same point in underlining the utter failure of prohibition.

On the back of this reinvigoration of the debate around prohibition ASUD organised a 'Global March for Cannabis', under the slogan 'Cannabis: security for all', in collaboration with AIDES, AFR, Federation Addiction, Techno+, Cannabis sans frontiers. The event, funded by OSI took place on 7th May 2011, whilst the turn out was relatively small, 3-400, it was considerably larger than it had been in previous years, and it received substantial press coverage. One further positive outcome for ASUD has been a commitment to ongoing support from OSI.

For the first time in years French public and crucially, political, figures are having the courage to speak out against the repressive law of 1970, with a discourse focused on security. Previously ASUD had focused on the deleterious impact of prohibition on the health of drug users, but since the abatement of the AIDS crisis, "noone cares about the health of drug users, so an emphasis on security has more public traction and efficacy"¹².

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¹¹ *Les inrockuptibles*, 15 June 2011, p. 36. My translation.

¹² Personal conversation between ERA and FO.